Department, City of Baltimore. Permit No. 985 Office of Registrar of Vital Statistics. War The Physician who attended any person in a last illness, is responsible for the presentation of this Carafficus to the Undertaker of other person superintending the burial, within twenty-four hours after the death of said scene requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Profile Certificate. Date of Death, Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names } Sex, Male or Female, Cross out the word not required in this line. Age, Months. Days. Color. Cross out the word Married, Sin Occupation,... Birth Place, State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimo Place of Death, Give Street and Number. First (Primary), Cause of Death, Second (Immediate), Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial, Date of Burial, Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

City of Baltimore.

and date of death.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause

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Bealth	Department	, City of 3	galtimore.	011
	Office of Registr			3
The Physician who attended ar to the Undertaker or ther person so requested so to do, under penalty of No Permit	y person in a last illness, is r iperintending the burial, with law. FOR BURIAL CAN BE OBTA			, or sooner, if
CER	TIFICATE	OF DE		B
Date of Death, Man	sch 12 4 /8	287	7	
Full Name of Deceased, Son Male on Francis Cross	Vrite legibly and spell orrectly. If an Infant loot named, give names f parents.	aprice Ne	lson	
Sex, Male or Female, { Cross requi	out the word not }			f
Age, 65	Years,	Months,	/	Days.
Color, C	olinel		1/	
Married, Single, Widow or	· Widower, {Cross out the w	vords not }	V	
Occupation, Birth Place, State or country, and long in the United S if of foreign birth.	how Both	ine of	2	
Duration of Residence in	the City of Baltimo	re, of ce	beith	
$Place \ of \ Death, \{^{ ext{Give Street and Number.}}$	1 1	ellars sh		
$ extit{\it Cause of Death,} \left\{egin{array}{l} ext{First (Pringle Second (Inc.)} \ ext{Second (Inc.)} \end{array} ight.$	mary), Old mmediate), Para	age		
Duration of Last Sickness		Mea-	7	
Place of Burial, Rural	68melary,			
Date of Burial, More	1014/87	(09/2) c	P-	
Undertaker, 6 has.	Buttler,	1h	Medical Attendant	M. D.
{ Undertaker, 6 has . S Place of Business, no 5	10 M. Caroline St.	Address, 8004	. h Ram	7

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as a same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause date of death.

Beaun Bepariment,	And al Banimar	E. 100
Permit No. 98573 Office of Registrar	of Vital Statisties. W.	ard /
The Physician who attended any person in a last illness, is respond to the Undertaker or other person superintending the burial, within t	nsible for the presentation of this Certificat	e, accurately filled out, eccased, or sooner, if
requested so to do, under penalty of law. No Permit for Burial can be Obtained		0
	- STIMORE MO:	(
CERTIFICATE	OF DEATH.	
Date of Death, March		
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.	homas Thorn	lost
Sex, Male or Female, { ross out the word not }		
Age, Years,	Months,	Days.
Color,	White	1
Married, Single, Widow or Widower, {Cross out the words required in this line	not }	1
Occupation,	01 #	/
Birth Place, {State or country, and how long in the United States, if of foreign birth.	Ball	
Duration of Residence in the City of Baltimore,		
Place of Death, Give Street and Number.	94 york et	
First (Primary),	stro Enderites	
Cause of Death, { First (Primary), Second (Immediate),		
Duration of Last Sickness,	3 days	
All the above information should be furnished by the Physician. Place of Burial, Very Costhe deal		
Date of Burial, Man /414/87)		
	It The Thelesto.	M. D.
J Undertaker, G. F. Mans es Loro	Medical At	
Place of Business 23 Hanver! Add	dress. 106 Bane	11

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

08521	OFFICE OF REGISTRANCE VITAL STATISTICS.
Permit No. 98576	responsible for the presentation of this Certificate, accuratly filled a within the har four hours attended death of said deceased, or
ut to the Undertaker or other person superintending the built	al, within tuckty four hours atterdue death of said deceased, or
congratification of the confidence behalfs of law.	AINED WITHOUT A PROPER GERTIFICATE
CERTIFICAT	E OF DEATH.
Date of Death,	9 March 12 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.	Luggie Trungger
Sex, Male or Female, {cross out the word not }	
Age, 2 de Years,	Months, Days.
490,	White
Color,	1) Marie
Married, Single, Widow or Widower, Cross out the wor	d not }
Married, Sengie, weather or weather, (lequines in the	House wife
Occupation,	a ve rop
Birthplace, {State or country, (and how long in the United States, if of foreign birth.	Dall cuy
Duration of Residence in the City of Baltimore,	July lines
11.00	Malaest
Place of Death, {Give street and }	all of list
) First, (Primary,)	The work
Cause of Death, Second, (Immediate,)	Perdonello
	Seven (7) Harry 1
Duration of last Sickness, All the above information should be furnished by the Physicia	n.
Place of Burial, Holy Redem	mes.
Place of Buria, Collins	will and will do wo
Date of Burial, Mewall 15	Medical Attendant
(Undertaker, A. Clina & Long	
QUA SALLET	Address, 403 / Branches
(Place of Business, 12	Address, 12
Populations of the Board	of Health to secure a full and correct record of
Vital Statistics t	the City of Datement
SECTION 2. And be it further enacted and ordained,	That whenever any person shall die in the said city, it shall be the cickness, or the Coroner, when the case comes under his notice.
duty of the Physician who attended during his of her last of furnish within forty-eight hours after the death to the Under	rtaker or other persons superintending the burial, a Certificate and
ting forth as far as the same can be ascertained, the full name on deceased, and the cause and date of death, except in ca	rtaker or other persons superintending the burns, single) of the pene, sex. age and condition (whether married or single) of the pene, sex of births and deaths of illegitimate children.
on deceased, and the cause and date of dealer	UZ

Bealth Department, City of Baltimore.

Permit No. Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled to the Undertaker or other person superintending the burial, within twenty for hours after the death of said deceased, or sooner, requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF

Date of	Death,	MIL	arch	12 14	157
Full Na	me of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents.	} 141	and s	chaun	1
Sex, Ma	tle or Female, { cross out the word not }	fe	mule		
Age,	Years,	3	Months,		Days.
Color,		m	hite	<i>j</i>	/
Married	, Single, Widow or Widower, Tree	oss out the words not uired in this line.	Sing	411	
Occupati	ion,		Mone	V	
Birth P	Place, State or country, and how long in the United States, if of foreign birth.	Ba	Uliner	4	
	n of Residence in the City of I				
Place of	F Death, {Give Street and }	18	32 By	end S.	t
Cause oj	F Death, { First (Primary),	Ma	(Mi	utrilii	и
	of Last Sickness,			8-2-	
Place of	Burial, alfuchu	sus en	netery		
	Burial, Mar 14 4	(57)	The A	11.	, , ,
(Under	taker, B. Harle		7	The Attend	
)	of Business, West 57	Address,	Cum	of offe	S
	The second secon		Charles and the control of the contr		

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the draw of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Beaun Bepartment, Ouy of Hautimore.
Permit No. 985/8 Office of Registrar of Vital Statistics. Ward 16
The Physician was attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or
sooner, if requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, Mch \$13 th 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.}
Sex, Male or Female, {Cross out the word not } Male
Age, 18 Years, Months. Days
Color, While
Married, Single, Widow or Widower, {Cross out the words not } required in this line.
Occupation, none
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Salto. Life In
Place of Death, Give Street and 216 Enong 82
First (Primary), Duchenne's Paralysis
Cause of Death, Second (Immediate),
Duration of Last Sickness, 10 472
All the above information should be furnished by the Physician.
Place of Burial, St Al phansis Gemetery
Date of Burial, March 15 1887 \ Jos 1 3lum M. D.
J. Undertaker, Geo Leimbach Medical Attendant.
Place of Business, # 647 W. Pratt St. Address. 76 (Vhentra Chi

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Bealth Bepartment, City of Baltimore.
Permit No. 983 79 Office of Registrar of Vital Statistics. Ward
The Physician sho attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, it
requested so to do, under penalty of law. No Permit for Burial can be Obtained without APROPER CERTIFICATE.
CEDTIFICATE OF DEATH
CERTIFICATE OF DEATH
Date of Death, Clarol 12-1889
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not } Manyarath Hofman
Age, Years, Months, 2 Days.
Color, White
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } Shewhow Park Bellur an
Cause of Death, Second (Immediate) Number. Second (Immediate) Pulmonan Convertion
Cause of Death, Second (Immediate), Pulmonary Congestion
Duration of Last Sickness, All the above information should be furpished by the Physician.
Place of Burial, Ballo . Cemplery
Date of Burial, Majoch 14th 1887 611
(Undertaker, The Securale & Hall Stulling M. D.
Place of Business, //9. S. Entaw Stress, 403 N Broadway
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Undertaker,

Place of Business, /ovo 6

Bealth Department, City of Baltimore.
rmit No. 98580 Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if quested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH
Pate of Death, March. 8
full Name of Deceased, {Write legibly and scall correctly. If an Infant not named, give names of parents.
ex, Male on Female, {Cross out the word not }
Ige, Years, Months, Days.
olor, Thile
Married, Single, Widow or Widower, {Cross out the words not }
counation
Pirth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and }
Jause of Death, { First (Primary), Prima tune with ferries of Second (Immediate), firstaline 6. hundles never tuck number
All the above information should be furnished by the Physician.
Place of Buriak toly Gross Greaty
Date of Burial, March 14th Conar Posterie M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Place of Business,

	Office of Registrar of Vital Statistics.	190
The Physician who attended any person in a last illn out, to the Undertaker or other person superintending the b if requested so to do, under penalty of law.	ness is responsible for the presentation of this Certification, within twenty four hours after the death of said d	ate, accurately filled leceased, or sooner,
	be Obtained Without a Proper Certificate.	T
CERTIFICA		
	13.1887	
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.		<i>3.</i>
Sex, Male or Female, {Cross out the word not } required in this line. }	male	
Age, Years,	White	Days.
Cotor,	4	
Married, Single, Widow or Widower, Cross of require	out the word not ded in this line. Married Married	1/
Occupation,	Tailon	
Birthplace, {State or Country and how long in the United States, if of foreign birth.	Ireland	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Duration of Residence in the City of Baltim	nore,	
	Clay sh Cordibe	
	emontoge from	
Cause of Death, Second, (Immediate.) Have	montop occured on his	may to Chine
Duration of Last Sickness, 1022 All the above information should be furnished by the Physic	ician.	9.30 N.M
Place of Burial, New Cathedral	Cem 1 1111	
Date of Burial, Inch 15th 1887	Arch Alkin Medical Att	
Date of Burial, Inch 15th 1887 S Undertaker, How Enkin Time	office 4 1 Pl	. 6. 91

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]

Permit No. 98584 Office of Begietram of Will Statistical W.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Make or Female, {Cross out the word not }
Age, 22 Years, 8 Months, Days
Color, White
Married, Single, Widow or Widower, {Cross out the words not } required in this line.
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } Lilmor St # 817
Cause of Death, { First (Primary), Congestive chiec Second (Immediate), Coma induced by General congestion
Duration of Last Sickness, 36 hours All the above information should be furnished by the Physician.
Place of Burial, Ceder Hill Cuefing
Date of Burial, March 14" 1857)
(Undertaker, Denny & Mitchees & Spanow M. D.
Place of Business, 550 H Fagelle Address, Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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